

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$531.30 for dates of service 01/30/02, and 03/27/02.
- b. An updated table was submitted on 03/07/03 indicating the only dates remaining in dispute are 01/30/02 and 03/27/02, leaving a balance of \$531.30.
- c. The request was received on 06/26/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/16/02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). There is an initial response in the dispute packet under Exhibit II.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/21/02

(Carrier) also did not pay the usual and customary charge for CPT code 64999. The HCP did supply the carrier with copies of EOBs from other carriers that have paid the HCP the usual and customary. The carrier did not provide the HCP with a methodology of payment per rule 133.304(i).”

2. Respondent: No position statement noted in file.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 01/30/02 and 03/27/02.
- The explanation of denial listed on the EOBs are, “M-THE REIMBURSEMENT FOR THE SERVICE RENDERED HAS BEEN DETERMINED TO BE FAIR AND REASONABLE BASED ON BILLING AND PAYMENT RESEARCH AND IS IN ACCORDANCE WITH LABOR CODE 413.011(B).”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
01/30/02 03/27/02	64999 64999	\$248.00 \$248.00	\$29.35 \$29.35	M M	DOP DOP	TWCC Act & Rules Sec. 413.011 (d), Rules 133.304 (i) & 133.307 (g)(3)(D)	<p>The provider billed in accordance with the referenced Rule. There is medical documentation indicating that the services were rendered.</p> <p>The carrier as required by Rule 133.304(i), did not submit a methodology.</p> <p>The Medical Review Division must review the evidence submitted to determine which party has provided the most persuasive evidence to support fair and reasonable since there is no MAR. The carrier has failed to submit a methodology. The provider submitted some evidence of fair and reasonable.</p> <p>Per Rule 133.307(g)(3)(D), the provider must submit “...documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with § 133.1 of this title (relating to Definitions) and § 134.1 of this title (relating to Use of the Fee Guidelines);”.</p> <p>Therefore, based on the evidence submitted by the provider reimbursement is recommended in the amount of \$531.30.</p>
Totals		\$496.00	\$58.70				The Requestor is entitled to reimbursement in the amount of \$531.30 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$531.30 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 10th day of March 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb